

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005936  
STATE FILE NUMBER

AMENDED

FILED FEB 19 1962

Primary Registration District No. 3016

Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>R.R. # 1 Hartsburg</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Larry Delane</u> Middle <u>Colter</u> Last <u>Colter</u>		4. DATE OF DEATH Month <u>February</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-1-1940</u>
9. AGE (last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>22</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roofing &amp; Siding Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roofing</u>	
11. BIRTHPLACE (City and state or country) <u>Claysville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>American</u>	
13a. FATHER'S NAME <u>Ernest Earl Colter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Laura Green</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Ernest E. Colter R.R. # 1 Hartsburg, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhagic Pancreatitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Esophagitis -- Retroperitoneal and mesentery- fat necrosis &amp; hemorrhage</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>		20c. TIME OF INJURY Hour <u>5</u> a.m. <u>10</u> p.m. <u>16</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>217/62</u>	
20f. CITY, TOWN, OR LOCATION <u>210/62</u>		COUNTY <u>Boone</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>5</u> to <u>210/62</u> and last saw him alive on <u>2/10/62</u> Death occurred at <u>5</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. Kanagawa MD</u>	
22b. ADDRESS <u>515 E High St</u>		22c. DATE SIGNED <u>2/12/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 13, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		23d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Tanner Funeral Home Inc. J.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>13 February 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Robert A. King</u>		27. REGISTRAR'S SIGNATURE <u>R. Richter</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

3/8/62

Additional information was added

Pt. II

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

MS FEB 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Omer L. Huns

Licensed Embalmer No. 4411

P. O. Address Belle Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.